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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V01139

(7)

	LTERNATIVES OF AMERICA									
Principal Place of Business Mailing Address										
2875 SO OCEAN BLVD 2875 SO OCEAN BLVD SUITE 2109										
PALM BCH FL 33480			PALM BCH FL 33480			DO NOT WRITE IN THIS SPACE				
US		US				3. Date Incorporated or Q	ualified	-		1
						12/16/1991				
	Place of Business	2a. Mailing	g Address			4. FEI Number			plied For	4
21		26				65-0304951			t Applicable	4
Suite, Apt.	#, etc.	27 Suite, /	Apt. #, etc.			5. Certificate of Status Dec	sired		Additional equired	
City & State	е	City &	State			6. Election Campaign Fina	~ ~	\$5.00		
23		28		,		Trust Fund Contribution		Added	to Fees	4
Zip	Country	Z _I p		Countr	ry	8. This corporation owes of	•			İ
24	[25]	29		30		Personal Property Tax of			J No	-
	9. Name and Address of Curre	nt Hegistered A	gent	8	1 Name	10. Name and Address of	New Registere	a Agent		\dashv
	CRM CORP.			_ ا	Name					
	00 CORPORATE BLVD NW			62	2 Street Add	dress (P.O. Box Number is Not A	Acceptable)	-		
	ITE 401			83						-{
l BO	ICA RATON FL 33431			_	~ [1
				84	4 City		=	85 Zip	Code	7
dd Dissuppt	to the provisions of Sections 607 0%	02 and 607 11.08	Florida Status			vnoration cultimits this statement			e registered	4
				ice the above						
office or r	registered agent, or both, in the State	o of Florida, Such	i change was	tes, the above authorized b	by the corpora	ation's board of directors. I here	by accept the a	ppointment as	registered	
office or re agent. La	to the provisions of Sections 607.05 registered agent, or both, in the Statum familiar with, and accept the oblig	e of Florida Suct gations of, Section	n change was n 607.0505, Fl	les, the above authorized borida Statute	ve-named co by the corpora es.	ation's board of directors. I here	by accept the a	ppointment as	registered	
office or reggent. La									registered	1_
SIGNATURE	Signature, typed or printed name of registered ap-					ation's board of directors. I here uired when reinstating) ADDITIONS/CHANGES T	DATE			1_
ì	Signature, typed or printed name of registered ap-	pent and the if applicab		IE Rugistered A	gent signature req	uired when reinstating)	DATE			1_
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informat indicated on this annual report or supplemental arrual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am at officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

4.3.98

FILED

Apr 14 1998 8:00am

Secretary of State